

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

		recuo	n of each violation is specified in the narrative port	<u> </u>		<u></u>
Establishm				Telephone Number	Date of Insp (mm/dd/yr)	pection PERMIT #
HOPE	Sul	hus	Indiana	\$12 948 9248		المالية المحال
Establishment Address (number and street, city, state, zip code)				-	11/25/2	019 175774
1200 B	ono RJ		New Albang, 12 47158			
Owner			•	Purpose:	Follow-up	Release Date
				Routine	₩G	10 days
Owner's A	ddress			2. Follow-up	Summary o	of Violations:
			·	3. Complaint 4. Pre-Operational	C NC NC R	
Person in C	<i></i>					
Typer				5. Temporary		
Responsibl	e Person's	E-ma	il	6. НАССР	Menu Type	(See back of page)
- \-	·			7. Other (list)		
Certified F	ood Mana	ger		7. Other (list)	1 <u>X</u> 2	345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	· · · · · · · · · · · · · · · · · · ·					To Be Corrected By
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<u>-</u>	-	-	No violations.			·
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